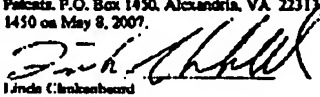


MAY - 8 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 046301-088000	
I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22314-71450 on May 8, 2007.  Linda C. Hokenbury		In re Application of <b>Amit RAMCHANDRAN</b>	
		Application Number: 10/626,833	Filed: July 23, 2003
For: ADAPTABLE DATAPATH FOR A DIGITAL PROCESSING SYSTEM			
Group Art Unit: 2182		Examiner: Eron J. Sorrell	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ \_\_\_\_\_

☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ \_\_\_\_\_

☒ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ 510.00

☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ \_\_\_\_\_

☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ \_\_\_\_\_

☒ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3557.  
Enclosed is a duplicate copy of this sheet.

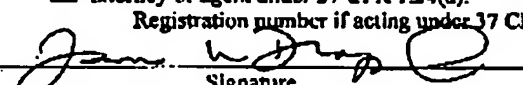
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 46,242

  
Signature

May 8, 2007  
Date

James W. Drapinski Reg No 46,242  
Typed or printed name

415 984-8200  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

05/10/2007 CCHAU1 00000027 503557 10626833

01 FC:2253 510.00 DA

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

05/08/2007 CKHL9K

5340007 00000027 503557 10626833

220.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/18/07</u>		2 Serial/Patent # <u>10626833</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
✓	Amendment			\$							
✓	Extension of Time	—	5/8/07	\$ 510.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 510.00								
8 TO BE REFUNDED BY:											
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:									
✓	Overpayment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> <td style="width: 20px;">7</td> </tr> </table>			5	0	--	3	5	5	7
5	0	--	3	5	5	7					
✓	Duplicate Payment										
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pats. Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>23206</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>6/19/07</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*